

CLAIMS ONLY

SERIAL NO.
10/002 854

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1			1		1	
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

SERIAL NO.	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
61						
52						
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/102854</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						/	51			
10 2						/	52			
10 3						/	53			
10 4						/	54			
10 5						/	55			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.						1				
TOTAL DEP.						22				
TOTAL CLAIMS						23				